

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 170

1. PLACE OF DEATH A. COUNTY Maricopa	B. LENGTH OF STAY IN THIS TOWN 5 yrs. IN ARIZONA 5 yrs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION)			
	C. CITY OR TOWN Phoenix		A. STATE Arizona		B. COUNTY Maricopa	
	D. FULL NAME OF HOSPITAL OR INSTITUTION 3535 West Vernon Avenue		C. CITY OR TOWN Phoenix		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 2406 East Monroe Street	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Marvin B. (MIDDLE) Gray C. (LAST) TEMPLETON			4. SEX male	5. COLOR OR RACE white	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married	
6B. NAME OF SPOUSE Florence			7. DATE OF BIRTH MONTH DAY YEAR Dec. 17, 1889	8. AGE (IN YEARS LAST BIRTHDAY) 65	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) manager	
9B. KIND OF BUSINESS OR INDUSTRY dept. store			10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Missouri	11. CITIZEN OF WHAT COUNTRY? U. S. A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no	
14A. FATHER'S NAME Lycurgus Lee TEMPLETON			14B. BIRTHPLACE (STATE OR COUNTRY) Missouri		15A. MOTHER'S MAIDEN NAME Mary Missouri JONES	
16. INFORMANT'S SIGNATURE Mrs. Florence H. TEMPLETON (widow) 2406 E. Monroe Street, Phoenix, Arizona			17. DATE OF DEATH (MONTH) (DAY) (YEAR) January 15, 1955		13. SOCIAL SECURITY NO. 90-09-8474	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (A), (B), (C). 331 X THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. 2. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION 6/6 19B. MAJOR FINDINGS OF OPERATION Cerebrovascular accident INTERVAL BETWEEN ONSET AND DEATH 1/2 hr			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 6/6 , 19 54 , TO Jan. 15, 1955 , THAT I LAST SAW THE DECEASED ALIVE ON 8/25 , 19 54 , AND THAT DEATH OCCURRED AT 6:30 p.			22A. SIGNATURE (DEGREE OR TITLE) Frank J. Starnes M.D.			22B. ADDRESS 4206 No 7 Ave
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) 1/15/55			23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) 4206 No 7 Ave		23C. (CITY OR TOWN) (COUNTY) (STATE) Phoenix, Arizona	
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY 1/15/55			23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?	
24A. CORONER'S SIGNATURE Frank J. Starnes			24B. ADDRESS 4206 No 7 Ave		24C. DATE SIGNED 1/15/55	
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>			25B. DATE Jan. 20 1955		25C. NAME OF CEMETERY OR CREMATORY Greenwood Memorial Park	
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona			26A. DATE REC. BY LOCAL REG. 1/19/55			26B. REGISTRAR'S SIGNATURE Burke Johnston
26C. FUNERAL DIRECTOR'S SIGNATURE Fred E. Warren			26D. ADDRESS 334 West Monroe			26E. CITY, TOWN, OR COUNTY Phoenix, Arizona